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- Members of the Wolfeboro Public Library Board of Trustees
- Members of the Friends of the Wolfeboro Library

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Full Name: _____

Signature: _____

Date: _____ Phone Number: _____

If you are under age 18, a parent or legal guardian must sign below.

I hereby certify that I am the parent or legal guardian of the person named above and I give my consent on behalf of him or her.

Signature of Parent or Guardian: _____

Print Name: _____

Date: _____ Phone Number: _____

Revised and Adopted by the Board of Trustees 2/12/24; Revised and Adopted 3/10/25